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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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Email Address:\_\_\_\_

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## REGISTERED AGENT CHANGE PIERANGELI GROUP, INC.

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## COVER LETTER

Division of Corporations

SUBJECT: PIERANGELI GROUP, INC.

Name of Corporation

POCUMENT NUMBER, F02000002287

Amendment Section

TO:

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARGOT MULLIN

Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd, Ste 300

Address

Austin, TX 78744

City/State and Zip Code

notices@rasi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARGOT MULLIN

,888 <sub>,7</sub>

Name of Contact Person

rea Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	provisions of sections 607.0502, ( ange is submitted for a corporation				
in orde	er to change its registered office of	r registered age	nt, or both, in the State o	of Florida.	
1. The name of	the corporation: PIERANGEL	GROUP, IN	IC.		
2. The principal	PA 19073	<del></del>			
3. The mailing a	address (if different):				
4. Date of incor	poration/qualification: 05/07/20	002 <sub>Do</sub>	ocument number: F020	000002287	
	d street address of the current regi- rtment of State: (If resigned, enter		registered office on file	with the	
	CORPDIRECT AGENTS	, INC			
	1200 SOUTH PINE ISLAN MIAMI, FL 33324	D ROAD		office office	下产
6. The name and (if changed):	d street address of the new register	red agent (if cha	nged) and /or registered	office	
	Registered Agent Solut	ions, Inc.			•
	155 Office Plaza Dr., St	uite A		_	
		Box NOT acceptable		<del></del> -	
	Tallahassee, FL 32301				
	ess of its registered office and the be identical.				
Such change was authorized by the	as authorized by resolution duly a he board, or the corporation has b	adopted by its been notified in	oard of directors or by a writing of the change.	in officer so	
	S F. MURPHY	JAM	ES F. MURPHY Printed or typed name and	PRESIDENT	
I hereby accept I further agree performance of agent. Or. if th	the appointment as registered as to comply with the provisions of my duties, and I am familiar with is document as being filed merely that the corporation has been no	all statutes rela h and accept the to reflect a cha	o act in this capacity. tive to the proper and c e obligation of my posit unge in the registered of	omplete ion as registered	
Sio	mature of Registered Agent	03/28	3/2018 Date		
	shaff of an entity:		Diff		
Justine Karr	nell - Assistant Secretary	-			
_	•	NG FEE: \$35.0	0 * * *		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)